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REQUEST FOR PUBLIC RECORD

Name (please print)

Mailing Address

Name of Applicant's Organization, if applicable

City, State, Zip

Telephone Number

Date of Request

Information Requested: _____

The purpose of this request is: _____

Requestor Signature

Request: ☐ is approved ☐ is denied

The information is denied for the following reason(s): _____

Public Records Officer

IAC Form 010 (9/93)